Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| CLAIMS AS FILED - PART I<br>(Column 1)               |  |   |                   |              | l<br>(Colui                  | mn 2)            |            | SMALL ENTITY TYPE  |                                       |         | OTHER THAN OR SMALL ENTITY |                        |  |
|--|--|---|-------------------|--------------|------------------------------|------------------|------------|--------------------|---------------------------------------|---------|----------------------------|------------------------|--|
| TOTAL CLAIMS   |  |   | *                 |              | ,                            |                  | Γ          | RATE               | FEE                                   | )<br>   | RATE                       | FEE                    |  |
| FOR  |  |   | NUMBER FILED      |              | NUMBI                        | ER EXTRA         |            | BASIC FEE          | 370.00                                | OR      | BASIC FEE                  | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS                              |  |   | 2A minus 20=      |              | *                            |                  |            | X\$ 9=             |                                       | OR      | X\$18=                     |                        |  |
| INDEPENDENT CLAIMS                                   |  |   | 2 minus 3 =       |              | *                            |                  |            | X42=               |                                       | OR      | X84=                       |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                     |  |   |                   |              |                              |                  | t          | +140=              |                                       | OR      | +280=                      |                        |  |
| * If the difference in column 1 is less than zero, e |  |   |                   |              | r "0" in c                   | olumn 2          | . L        | TOTAL              | · · · · · · · · · · · · · · · · · · · | OR      | TOTAL                      |                        |  |
| CLAIMS AS AMENDED - PART II                          |  |   |                   |              |                              |                  |            | •                  |                                       | ,       | OTHER                      |                        |  |
|  |  | (Column 1)                                |                   |              | mn 2)                        | (Column 3)       |            | SMALL              |                                       | OR      | SMALL                      |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |            | RATE               | ADDI-<br>TIONAL<br>FEE                |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus             | **           |                              | =                |            | X\$ 9=             |                                       | OR      | X\$18=                     |                        |  |
|  | Independent  | * NTATION OF M                            | Minus             | ***          | T CL AIM                     | =                |            | X42=               |                                       | OR      | X84=                       |                        |  |
| <u></u>  | FIRST PRESE  | N TATION OF W                             | OLITPLE DEP       | ENDEN        | I CLAIM                      |                  |            | +140=              |                                       | OR      | +280=                      |                        |  |
|  |  |   |                   |              |                              |                  | . <b>L</b> | TOTAL<br>DDIT. FEE |                                       | OR      | TOTAL<br>ADDIT, FEE        |                        |  |
|  | · .  | (Column 1)                                |                   |              | mn 2)                        | (Column 3)       |            |                    |                                       |         |                            |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | δ                 | NUN<br>PREV  | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |            | RATE               | ADDI-<br>TIONAL<br>FEE                |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus             | **           |                              | =                |            | X\$ 9=             |                                       | OR      | X\$18=                     |                        |  |
| ME   | Independent  | <u> </u> *                                | Minus             | ***          |                              | <u> -</u>        |            | X42=               |                                       | OR      | X84=                       |                        |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                   |              |                              |                  |            | 4.40               |                                       |         | +280=                      |                        |  |
| -  |  |   |                   | •            |                              |                  | L          | +140=              |                                       | OR      | TOTAL                      |                        |  |
|  |  |   |                   |              |                              |                  | A          | TOTAL<br>DDIT. FEE |                                       | OR      | ADDIT. FEE                 |                        |  |
| (Column 1) (Column 2) (Column 3)                     |  |   |                   |              |                              |                  |            |                    |                                       |         |                            |                        |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUN<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |            | RATE               | ADDI-<br>TIONAL<br>FEE                |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus             | **           |                              | =                |            | X\$ 9=             |                                       | OR      | X\$18=                     |                        |  |
| AME  | Independent  | *   | Minus             |              |                              |                  |            | X42=               |                                       | OR      | X84=                       |                        |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA   |   |                   |              |                              |                  | ┇          | +140=              |                                       | OR      | +280=                      |                        |  |
|  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |   |                   |              |                              |                  |            |                    |                                       |         | TOTAL                      |                        |  |
| ***  | If the "Highest Nu   | mber Previously P                         | aid For" IN THI   | S SPACE      | is less tha                  | ın 3, enter "3." |            | TOTAL<br>DDIT. FEE |                                       |         | ADDIT. FEE                 | _                      |  |
|  | The "Highest Nun   | nber Previously Pa                        | id For" (Total or | Independ     | dent) is the                 | highest numbe    | er four    | nd in the app      | ropriate box                          | ( in co | lumn 1.                    |                        |  |